

02/26/04

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7590 12/23/2003

James W McKee  
 Fay Sharpe Fagan Minnich & McKee  
 7th Floor  
 1100 Superior Avenue  
 Cleveland, OH 44114-2518



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Barbara Brazier	(Depositor's name)
<i>Barbara Brazier</i>	(Signature)
February 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/979,582	03/14/2002	Lars Birke	TRW 2 0273	5033

TITLE OF INVENTION: LIQUID CRYSTAL DISPLAY WITH REFLECTIVE SUPPORT MEMBER AND HEATING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/23/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CALEY, MICHAEL H	2871	349-058000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fay, Sharpe, Fagan,  
 2 Minnich & McKee, LLP  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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TRW Automotive Electronics &  
Components GmbH & Co. KG

Germany

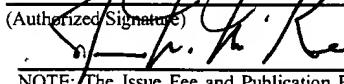
Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 4 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0308 (enclose an extra copy of this form).

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(Authorized Signature) 

(Date) 2-25-04

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